

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KH	70591	7/26
O.I.P.E. CLASSIFIER		25	7/25/99
FORMALITY REVIEW	CA	609916	8-10-99

## INDEX OF CLAIMS

.....	Rejected	N	.....	Non-elected
.....	Allowed	I	.....	Interference
(Through numeral).....	Canceled	A	.....	Appeal
.....	Restricted	O	.....	Objected

Claim	Original	Date
1	✓	✓
2	o	o
3	✓	✓
4	o	o
5	✓	✓
6	✓	✓
7	o	o
8	o	o
9	o	o
10	o	o
11	o	o
12	o	o
13	o	o
14	o	o
15	o	o
16	o	o
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Claim		Date
Final	Original	
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[illegible]

**If more than 150 claims or 10 actions  
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